

# Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	20	71058	1-13-99
ORIP CLASSIFIER	20		11/1/99
FORMALITY REVIEW	20	70622	7-26-99
	20	70622	4-7-99

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1-13-99
2	✓	✓	1-13-99
3	✓	✓	1-13-99
4	✓	✓	1-13-99
5	✓	✓	1-13-99
6	✓	✓	1-13-99
7	✓	✓	1-13-99
8	✓	✓	1-13-99
9	✓	✓	1-13-99
10	✓	✓	1-13-99
11	✓	✓	1-13-99
12	✓	✓	1-13-99
13	✓	✓	1-13-99
14	✓	✓	1-13-99
15	✓	✓	1-13-99
16	✓	✓	1-13-99
17	✓	✓	1-13-99
18	✓	✓	1-13-99
19	✓	✓	1-13-99
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21	✓	✓	1-13-99
22	✓	✓	1-13-99
23	✓	✓	1-13-99
24	✓	✓	1-13-99
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43	✓	✓	1-13-99
44	✓	✓	1-13-99
45	✓	✓	1-13-99
46	✓	✓	1-13-99
47	✓	✓	1-13-99
48	✓	✓	1-13-99
49	✓	✓	1-13-99
50	✓	✓	1-13-99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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